

## Community Health Assessments and Community Health Improvement Plans for Accreditation Preparation Demonstration Project

### Tip Sheet: Prioritizing Issues in a Community Health Improvement Process

Prioritization is a key step in a community health improvement process that serves as a natural transition from focusing on the findings of the community health assessment (CHA) to developing a community health improvement plan (CHIP). Prioritization helps communities focus on key issues in order to maximize impact and use their resources as efficiently as possible. **It is generally recommended that a community choose no more than three-five priorities to focus on within one community health improvement process cycle.** Many communities who have chosen more than that have found it difficult to make progress and to measure impact. This tip sheet provides a brief overview of key tips to consider when selecting community health improvement priorities.

#### Tip #1: Identifying Criteria

There are many processes that can be used in determining priorities for community health initiatives. Regardless of the process(es) used, a diverse set of criteria should be considered and used in a priority selection process. To ensure community and stakeholder ownership of the selected priorities and increase the likelihood of action to improve health, it is vital to include stakeholders in choosing criteria for use in prioritizing issues. There are a variety of ways that the criteria important to stakeholders can be identified including, but not limited to conducting a simple brainstorming session, a consensus workshop, or creating an Affinity Diagram.

More information on these types of processes can be found in *The Public Health Memory Jogger II* and in the [Prioritizing Issues](#) webinar available in the [CHA/ CHIP Resource Center](#).

The following are frequently used criteria that should be considered in determining priorities for community health improvement:

- **Size:** Number of persons affected, taking into account variance from benchmark data and targets.
- **Seriousness:** Degree to which the problem leads to death, disability, and impairs one's quality of life.
- **Trends:** Whether or not the health problem is getting better or worse in the community over time.
- **Equity:** Degree to which specific groups are affected by a problem.
- **Intervention:** Any existing multi-level public health strategies proven to be effective in addressing the problem.
- **Feasibility:** Ability of organization or individuals to reasonably combat the problem given available resources. Related to the amount of control and knowledge (influence) organization(s) have on the issue.
- **Value:** The importance of the problem to the community.
- **Consequences of Inaction:** Risks associated with exacerbation of problem if not addressed at the earliest opportunity.
- **Social Determinant/ Root Cause:** Whether or not a problem is a root cause or social determinant of health that impacts one or more health issues.

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### Tip #2: Planning for a Successful Issue Prioritization Process

Issue prioritization is the job of the key organizations leading the improvement process as well as its partners and community members. Meaningful engagement of partners and community is critical in the issue prioritization process as it increases the likelihood for support in implementation of planned initiatives and ensures that the chosen priorities are those that reflect the experiences of those working, living, playing or learning in the community. To ensure meaningful engagement of community members and partners, consider the following actions in planning your prioritization process:

- Be strategic and representative in who participates in the prioritization.
- Always refer to objectives and purposes of prioritization at the outset of the meeting and as needed to keep the attendees focused.
- Set expectations for the meeting at the very beginning.
- Develop an agenda for prioritization meeting(s) with input from others.
- Promote the meeting in advance and encourage RSVPs.
- Ask for volunteers for various roles ,i.e. note taker, tabulator of results, etc.
- Strike the appropriate balance between having a framework for the process, but also remaining flexible to participants' desires and needs.
- Choose an objective facilitator that is perceived by participants as neutral and unbiased toward a particular issue.
- Ensure that attendees feel as if it is their process and not one being forced upon them.

When working with many individuals and organizations, barriers that impede the decision making process may arise. It is important to plan for, recognize, and overcome these barriers to move forward in your prioritization process. Some potential barriers include the following:

- Prioritization skewed by those in attendance.
- Attendance is less than what was expected.
- Attendees do not like criteria or proposed process.
- Attendees debate the outcome of the prioritization.
- Certain individuals are upset that their issue is not one of the top issues.
- New issues are suggested for consideration, even if data clearly indicates that it is not a significant issue.
- Group is unwilling to make a final decision on top priorities
- Group takes on too many priorities.

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### Tip #3: Using Tools in Issue Prioritization

The following are examples of some tools that are frequently used in issue prioritization.

#### Control and Influence

This is a conceptual tool to guide teams in deciding upon priorities. For any particular issue, examine your group's and partners' level of control and knowledge of the issue. This tool helps to understand where control lies, where assistance is needed, where you can influence only, and what to stay away from. **Your priorities should focus on issues in which you have control and knowledge.**

	Control	No Control
Knowledge	Do It	Influence
No Knowledge	Get Help	Stay Away

#### Prioritization Matrix

A prioritization matrix, one of the most commonly used tools in identifying priorities, can help if there are especially difficult priorities to choose from or if an organization or community is restricted to only one priority health issue. This tool is ideal when health problems are considered among a large number of criteria.

##### How to Use a Prioritization Matrix:

- Take topics/ issues and ask: Does X (which is the column of the matrix) contribute more than Y (which is listed in the row of the matrix) in achieving the goal, based on the specific criterion?
- Once your group has agreement on the answer, then decide- the relative amount of contribution :
  - 1= equally important (i.e. X and Y are equally important)
  - 5= significantly more important
  - 10= exceedingly more important
  - 1/5= significantly less important
  - 1/10= exceedingly less important
- Assign agreed upon value to the issue contributing more and the reciprocal score to the other. (e.g. engage community is 10 times more important than immunization; immunization is only 1/10 as important as engaging community)
- Total the scores by row and prioritize the issues, highest to lowest. Then, develop summary matrix to express results after matrices for all criteria are complete. (e.g. immunization 1<sup>st</sup> priority, food is 2<sup>nd</sup>, family planning is 3<sup>rd</sup>, etc.)

##### Example of Prioritization Matrix (each issue against Importance criterion):

	1. Immu.	2. Engage Commu.	3. CHIP	4. Food	5. Family Planning	Row Total
1. Immu.		10	1	1	5	17
2. Engage Community	1/10		1	1/5	1/5	1.5
3. CHIP	1	1		1/5	1	3.2
4. Food	1	5	5		5	16
5. Family Planning	1/5	5	1	1/5		6.4

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### 'Dotmocracy' Method (Quick and Colorful)

This is a group voting process used to prioritize based on criteria. This tool makes group decision making an easier and faster process, especially for big groups. To complete this process, the group should use the following procedure:

1. Identify options and post them on a wall or board.
2. Participants get selected number of votes which are indicated by 'dots' or stickers).
3. Review criteria for voting with participants.
4. Participants place their 'dots' by their choices based on criteria discussed.
5. Tabulate the number of 'dots' for each option to show results. Those issues receiving most dots indicates them as priority issues.

### Multi-Voting Technique

Multi-voting is a quantitative tool used when a long list of health issues needs to be narrowed down. This can be accomplished in any manner where you can quickly tabulate votes such as hand-raising or using wireless voting technology. If you choose to use this technique, this sequence should be followed:

1. Round 1 Vote – Each participant votes for their highest priority items.
2. Update List – Health problems with highest votes remain on the list (problems with votes equivalent to or more than 50% of engaged participants).
3. Round 2 Vote – Each participant votes for their highest priority item from condensed list (votes per person limited to half the number of items remaining).
4. Repeat – Process repeated until list narrowed down to desired number of health priorities.

### Example of Three Round Multi-Voting Technique

Health Indicator	Round 1 Vote	Round 2 Vote	Round 3 Vote
Collect and maintain reliable, comparable, and valid data	√√√√	√√	
Evaluate public health processes, programs, and interventions.	√√√√√	√√√√	√√√√√
Maintain competent public health workforce	√√		
Implement quality improvement of public health processes, programs, and interventions	√√√√	√√	
Analyze public health data to identify health problems	√√		
Conduct timely investigations of health problems in coordination with other governmental agencies and key stakeholders	√√		
Develop and implement a strategic plan	√√√√√	√√√√	√√
Provide information on public health issues and functions through multiple methods to a variety of audiences	√√		
Identify and use evidence-based and promising practices	√√		
Conduct and monitor enforcement activities for which the agency has the authority	√		
Conduct a comprehensive planning process resulting in a community health improvement plan	√√√√√	√√√√	√√
Identify and implement strategies to improve access to healthcare services	√√√		√√

Red = Round 1 Elimination Green = Round 2 Elimination Blue = Round 3 Elimination

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### Hanlon Method

This is a quantitative tool that objectively ranks specific health problems based on the criteria of seriousness, magnitude and effectiveness. Below is a brief description of how to use this method.

1. Give each health problem a numerical rating on a scale of 0-10 for each of the three criterion shown in the columns. Below is an example of how this can be established.

Rating	Size of Health Problem (% of population w/health problem)	Seriousness of Health Problem	Effectiveness of Interventions
9 or 10	>25% (STDs)	Very serious (e.g. HIV/AIDS)	80% - 100% effective (e.g. vaccination program)
7 or 8	10% - 24.9%	Relatively Serious	61% - 80% effective
5 or 6	1% - 9.9%	Serious	41% - 60% effective
3 or 4	.1% - .9%	Moderately Serious	21 - 40% effective
1 or 2	.01% - .09%	Relatively Not Serious	5% - 20% effective
0	< .01% (Meningococcal Meningitis)	Not Serious (teen acne)	<5% effective (access to care)
<b>Guiding considerations when ranking health problems against the 3 criteria</b>	Size of health problem should be based on baseline data collected from the individual community.	Does it require immediate attention? Is there public demand? What is the economic impact? What is the impact on quality of life? Is there a high hospitalization rate?	Determine upper and low measures for effectiveness and rate health problems relative to those limits.

2. **Apply the 'PEARL' Test** – Once health problems have been rated for all criteria, use the 'PEARL' Test to screen out health problems based on the following feasibility factors:
  - Propriety – Is a program for the health problem suitable?
  - Economics – Does it make economic sense to address the problem? Are there economic consequences if a problem is not carried out?
  - Acceptability – Will a community accept the program? Is it wanted?
  - Resources – Is funding available or potentially available for a program?
  - Legality – Do current laws allow program activities to be implemented?
3. **Calculate priority scores** – Based on the three criteria rankings assigned to each health problem in Step 1 of the Hanlon Method, calculate the priority scores using the following formula:
 
$$D = [A + (2 \times B)] \times C$$
 Where: D = Priority Score  
 A = Size of health problem ranking  
 B = Seriousness of health problem ranking  
 C = Effectiveness of intervention ranking
4. **Rank the health problems**– Based on the priority scores calculated in Step 3 of the Hanlon Method, assign ranks to the health problems with the highest priority score receiving a rank of '1,' the next high priority score receiving a rank of '2,' and so on.

This document informed by Marni Mason of MarMason Consulting, Lisa McCracken of Holleran Consulting and Leslie Beitsch, courtesy of the Catholic Health Association, The Public Health Memory Jogger, and NACCHO. To access more resources for issue prioritization and community health improvement processes, please visit the CHA/CHIP Resource Center at [www.naccho.org/chachipresources](http://www.naccho.org/chachipresources). For more detailed examples on issue prioritization tools, please see NACCHO's [Guide to Prioritization Techniques](#).